

Entered - 11-18-00- sb
CL 00L0655 - ALEXIS HOLMES

01- 2-1070

CLAIM OF: **CLARENCE D. FLOYD**
3261 Jamaica Road
Atlanta, Georgia 30318

For damages alleged to have been sustained as a result of driving
over a large pothole in the road on October 1, 2000 at Bankhead
Highway and North Grand.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Rubens, City DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 0010655

Date: 6/29/01

Claimant /Victim CLARENCE D. FLOYD

BY: (Atty) _____

Address: 3261 Jamaica Road Atlanta, Georgia 30318

Subrogation: _____ Claim for Property damage \$ 190.04 Bodily Injury \$ _____

Date of Notice: 10/19/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/1/00 Place: Bankhead Highway at North Grand

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damages when he drove over a pothole full of water in the road. However, after investigating this incident, it was determined that the area in which the claimant alleges the incident occurred, is a State road and the responsibility of the Department of Transportation, and is not the responsibility of the City of Atlanta. This claim has been referred over to the Department of Transportation.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other X Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-29-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-12-00

ENTERED - 10-24-00 - SB
00L0655 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 190.04 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 10 1 2000 2. Time of Incident: 2:30 PM 3. Police called: ✓
(month/day/year) Yes No
4. Location of incident (including street address): BANKHEAD Hwy AT N. GRAND
5. Name of your insurance company: Allstate Policy No. 095900985
03/15
6. State what and how incident occurred: while driving west on
BANKHEAD, I WAS IN the far right lane I
RAN INTO A pot hole which was full of
water, AND I damaged my front wheel
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Toyota Cor. 1994 804 SGZ CLARENCE D Floyd
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Police Report _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Clarence D. Floyd
Signature of Claimant

Clarence D Floyd
(Print Claimant's Name)
3261 JAMAICA RD.
(Address)
ATLANTA, GA. 30318
(City, State and Zip Code)

404 609-8012 404 691-6933
(Work Number) (Home Number)

404 572-0141

01-R-1070